(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

			Case Number:				
Name of Petitioner/Plaintiff.			WAIVER OF	NTAL APPLICATION FOR R FURTHER DEFERRAL FEES AND COSTS			
Nam	e of Re	espondent/Defendan	t.				
STATE OF ARIZONA COUNTY OF)) ss				
applic	cation is		ke this statement under the p	vear or affirm that the information in this benalty of prosecution for perjury if it is			
I am	requesti	ng a waiver or further d	eferral of any unpaid fees and	d costs in my case.			
The b	asis for	the request is:					
1.		AIVER: I am permanently unable to pay. My income and liquid assets are insufficient or barely ient to meet the daily essentials of life and unlikely to change in the foreseeable future.					
2.	FU	RTHER DEFERRAL:					
	a.	I receive governmental assistance from the state/federal program(s) checked below:					
		Temporary Assistar	nce for Needy Families (TANF)	Food Stamps			
		Supplemental Secu	rity Income (SSI)	General Assistance (GA)			
	If you checked either boxes 1 or 2a., you must complete the Financial Que must submit proof that you receive governmental assistance. If you are application by mail or a third party, you must attach a photocopy of that pr						
	b.	My income is insuffic	cient or is barely sufficient to	o meet the daily essentials of life, and			

NOTE: To determine whether income is insufficient or barely sufficient, the court will review your income and expenses. Among the factors the court may consider are:

includes no allotment that could be budgeted for the fees and costs that are required to gain

1. Whether your gross income as computed on a monthly basis is 150% or less of the current federal poverty level. Gross monthly income includes your share of community property income if available to you.

access to the court.

	extraordinary expedisabled family me	come is greater than 150% of the poverty I enses (including medical expenses and cosembers) or other expenses that the court fine monthly income to at or below 150% of the poor or or other expenses.	its of care for elderly or ds are extraordinary that			
C.	I do not have the money to pay the court fees and costs now. I can pay the fees and costs at a later date. Explain. If you checked either boxes 2b. or 2c., you must complete the Financial Questionnaire.					
		NCIAL QUESTIONNAIRE				
SUPPORT RI maintenance):		persons you support (including paying chi	you support (including paying child support and spousal			
			<u></u>			
			_			
	-	·				
	IT OF INCOME AND EXSTANCE: I receive assistance					
	Arizona Health Car	re Cost Containment System (AHCCCS)				
	Arizona Long Term	Arizona Long Term Care System (ALTCS)				
	Other (explain):					
MONT	THLY INCOME: My monthly Monthly gross income:	income is:				
	Employer name:		-			
	Employer address Employed since (n	::				
		ome, including spousal maintenance,				
	scholarships, grants, royal (explain amount and source		_			
	My spouse's monthly gross	s income (if available to me): \$	_			
	TOTAL MONTHLY INCOM	ME:	\$			

MONTHLY EXPENSES AND DEBTS: My mo		nd debts are: LOAN BALANCE	
Rent/Mortgage payment \$	MENT AMOUNT	\$	
Car payment \$		\$ \$	
Credit card payments \$		\$	
Other payments & debts \$		\$	
Explain:		Ψ	
Food/Household supplies \$			
Utilities/Telephone \$			
Clothing \$			
Medical/Dental/Drugs \$			
Health insurance \$			
Nursing care \$			
Laundry \$			
Child support \$	_		
Child care \$			
Spousal maintenance \$			
Car insurance \$			
Gasoline/Bus fare \$			
Contributions to employer			
or other retirement account \$			•
TOTAL MONTHLY PAYMENTS			\$
Cash and bank accounts Credit union accounts Equity in: 1. Home 2. Other property 3. Cars/other vehicles Other, including stocks, bonds, etc. Retirement accounts TOTAL ASSETS: EXTRAORDINARY EXPENSES: For example elderly or disabled family members. (Proof must be si		needs, financial har	\$dship, costs of care o
·	ŕ		
DESCRIPTION	AMOU		
	\$		
	\$		
	\$		
TOTAL EXTRAORDINARY EXPENSES			\$
SIGNATURE UNDER	R PENALTY OF	PERJURY	
Today's Date: Sign	oturo:		
Journal of Sign	a.a.o		
Print	Your Name:		
2001supapp.wpd Revised 8/17/01			

3 of 3